



THE JOSEPH R. BENDEN, JR. MEMORIAL
ENDOWED SCHOLARSHIP APPLICATION FORM

ASHLAND UNIVERSITY
2014-2015

Name of student: _____

Social Security Number: _____

Address: _____

High School: _____

I have been accepted at Ashland University: Yes _____ No _____

Family Information

Name of parent or guardian: _____

Address of parent or guardian: _____

Phone number of parent or guardian: _____

Father's employer: _____

Mother's employer: _____

Gross family income _____

Number of dependent children for the 2014-15 academic year _____

Number in college excluding applicant _____

Number of other children living at home _____

Ages of those children _____

(over)

Are there any special circumstances, other than income, that should be considered – such as education or other debts, loss of income, illness, etc? Attach additional sheet if necessary. _____

On a separate sheet of paper, please write a brief description of your professional or occupational plans and a brief biography of yourself, including extracurricular activities and work experience.

This application, your autobiography and a current transcript of grades are to be submitted to the Financial Aid Office, c/o Becky Shinaberry, Ashland University, 401 College Avenue, Ashland, OH 44805. The **application deadline** to submit these materials to Ashland University is **April 11, 2014**.

Signature of Student

Signature of Parent/Guardian

NOTICE TO APPLICANTS: RACE, RELIGION, SEX, CLASS OR ETHNIC BACKGROUND WILL NOT BE CONSIDERED IN AWARDING THIS SCHOLARSHIP.